

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90075 039 ***150.00

DOCUMENT # P03000098522

1. Entity Name
CONNICK INTERNATIONAL ENTERPRISES, INC.



Principal Place of Business
12026 ELGIN BOULEVARD
SPRING HILL, FL 34608

Mailing Address
12026 ELGIN BOULEVARD
SPRING HILL, FL 34608

94028762

2. Principal Place of Business

1400 Kass Circle

Suite, Apt. #, etc.

3. Mailing Address

1400 Kass Circle

Suite, Apt. #, etc.



03022004

Chg-P

CR2E034 (10/03)

City & State

Spring Hill, FL

City & State

Spring Hill FL

4. FEI Number

54-2443860

Applied For

Not Applicable

Zip

34606

Country

USA

Zip

34606

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAVIGNE, JAMES R ESQ.
7087 GRAND NATIONAL DRIVE
SUITE 100
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CONNICK, VINCENT
STREET ADDRESS FLAT 2/1 96 GROVE PARK ST.
CITY-ST-ZIP GLASGOW, G20 7JQ SCOTLAND,

TITLE D ☐ Delete
NAME CONNICK, MARY
STREET ADDRESS FLAT 2/1 96 GROVE PARK ST.
CITY-ST-ZIP GLASGOW, G20 7JQ SCOTLAND,

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1400 Kass Circle
CITY-ST-ZIP Spring Hill FL 34606

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CITY-ST-ZIP Spring Hill FL 34606

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vincent Connick VINCENT CONNICK

3/10/04 352-683-1203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #